24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Our Voices Matter	
	C C00568246
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Buying Time, LLC	M M / D D / Y Y Y Y
Mailing Address 650 Massachusetts Avenue NW	10 29 2014 Amount
Suite 210	
City State Zip Code	9000.00
Washington DC 20001	Transaction ID : SE.4118 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type 004	10 29 7 2014
Name of Federal Candidate Support Office	Sought: X House District: 12
Keith Rothfus Oppose	President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rrsement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/	M = M / D = D / Y = Y = Y
Type	
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Galorida Todi To Bato	ursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	9000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	9000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Charles Pascal [Electronically Filed] Data 1	M / D D / Y Y Y Y Y
Signature [Electronically Filed] Date	0 30 2014